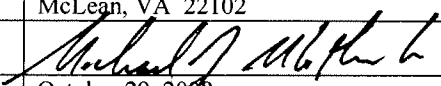


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/674,332
		Filing Date	September 30, 2003
		First Named Inventor	Frank Richard Cichocki, Jr.
		Group Art Unit	3731
		Examiner Name	Natalie R. Pous
Total Number of Pages in This Submission		Attorney Docket Number	ETH5091

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <b>Replacement</b> <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Submission of Replacement Drawings Request</b>
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael J. Mlotkowski, Reg. No. 33,020 Roberts Mlotkowski Safran & Cole, P.C. PO Box 10064 McLean, VA 22102
Signature	
Date	October 29, 2008

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF	:	Date of NOA: 09/19/2008
Frank Richard Cichocki JR.	:	
	:	Examiner:
	:	Melissa K. RYCKMAN
	:	
Application No. 10/674,332	:	Group Art: Unit 3773
	:	
Filed: 09/30/2003	:	Confirmation No. 4635
	:	
For: FLUID EMITTING SUTURE NEEDLE	:	

**SUBMISSION OF REPLACEMENT DRAWINGS**

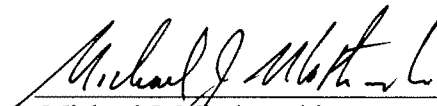
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Sir:

Enclosed please find fourteen (14) sheets (Figs.1-10F) of replacement drawings for review by the U.S. Patent and Trademark Office in connection with the Notice of Allowance mailed. Should the enclosed drawings require changes, it is respectfully requested that the U.S. Patent and Trademark Office notify the undersigned attorney of same.

Respectfully submitted,

Dated: October 29, 2008

  
\_\_\_\_\_  
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Customer No. 25570

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